

Chief Procurement Officer

TO:

## STATE PROCUREMENT OFFICE NOTICE OF REQUEST FOR EXEMPTION FROM HRS CHAPTER 103D

12 JUN 13 A9:06

STATE PROCUREMENT OFFICE STATE OF HAWAII

FROM:	DOH	DOH/TSP/CDMCB/TPEP  Name of Requesting Department						
Pursuant to HRS § 103D	-102(b)(	4) and HAR chapte	er 3-120,	, the Department	requests a procurement exem	nption for the following:		
1. Describe the goods	, service	s or constructio	n:					
On-screen advertiseme	at for tob	acco and teens/y	outh smo	oking messages i	n theaters.			
r F								
he .	<del> </del>							
2. Vendor/Contractor/Service Provider:				National Cine	emedia LLC	3. Amount of Request:	•	
2. Vehicoly contractory service r rovider.			manona G	cincula, DDC	\$ 45,949.00			
4. Term of Contract	From:	8/14/2012	То:	8/12/2013	5. Prior SPO-007, Procur		11-063-K	
4. Term of contract Prom. 6/14/2012			10.	0/12/2010	3.11101 01 0 007,110001	oment anomption (12), 11 000 M		
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6. Explain in detail, w	hy it is r	not practicable o	r not ac	dvantageous for	r the department to procu	re by competitive mean	s:	
Vendor is the sole rep	resenta	tive for Signatur	e & Hol	lywood Theatre	es in Hawaii. The vendor v	was not selected by the	requestor, but is	
contracted by the thea	atre to n	nanage on-scree	n adver	tisement.				
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					ng the vendor/contractor,	_		
•			-	-	identifies the target cons	_		
					ching the largest number			
Manager selects site(s negotiated with vendo		orks with the ve	naor (s	ole representat	tive for a site) who contrac	ct advertisements; and 5	6) Contract is	
negotiated with vehic	л.							
· ·						9.1		

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8. Identify the primary individual(s) who is knowledgeable about this request, who will conduct and manage this process, and has 1) completed mandatory training; and 2) who may contact for follow up inquiry, if any. (Type over "example" and delete cells not used.) Name of Department Personnel Division/Agency **Phone Number** e-mail address Lola Irvin **TSP** lola.irvin@doh.hawaii.gov 586-4488 All requirements/approvals and internal controls for this expenditure is the responsibility of the department. I certify that the information provided above is, to the best of my knowledge, true and correct. Department Head Signature Director of Health Date For Chief Procurement Officer Use Only Date Notice Posted: Submit written objection to this notice to issue an exempt contract within seven calendar days or as othewise allowed from date notice posted to: state.procurement.office@hawaii.gov Chief Procurement Officer (CPO) Comments: Approval is for the period 08/14/12 to 08/12/13. This approval is for the solicitation process only, HRS section 103D-310(c) and HAR section 3-122-112, shall apply (i.e. vendor is required to be compliant on the Hawaii Compliance Express) and award is required to be posted on the Awards Reporting System. If there are any questions, please contact Kevin Takaesu at 586-0568, or kevin.s.takaesu@hawaii.gov. **X** Approved ☐ Disapproved ☐ No Action Required